

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2006<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                        | Docket Number (Optional)<br>5486-0194PUS1 |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
|---|------------------------|---|--|-----|------------------|---|-------|------|---|-------|-------|---|--------|-------|--|--------|-------|--|--------|--------|
| Application Number  | 10/792,122-Conf. #3925 | Filed      March 3, 2004                  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| For    MECHANISM FOR EFFICIENCY IMPLIMENTING OBJECT MODEL ATTRIBUTES  |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Art Unit  | 2162                   | Examiner      A. Gofman                   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> |                        |   |  | Fee | Small Entity Fee | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
|   | Fee                    | Small Entity Fee                          |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                  | \$60                                      |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                  | \$225                                     |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                 | \$510                                     |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                 | \$795                                     |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                 | \$1080                                    |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27<br><input type="checkbox"/> A check in the amount of the fee is enclosed<br><input type="checkbox"/> Payment by credit card Form PTO-2038 is attached<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>02-2448</u> I have enclosed a duplicate copy of this sheet.   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| I am the <input type="checkbox"/> applicant/inventor<br><input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)<br><input checked="" type="checkbox"/> attorney or agent of record Registration Number <u>29,680</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34<br>Registration number if acting under 37 CFR 1.34 _____   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <br>Signature  |                        | <u>August 20, 2007</u><br>Date            |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <u>✓</u><br>Michael K. Mutter<br>Typed or printed name  |                        | <u>(703) 205-8000</u><br>Telephone Number |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required see below   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted  |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |